

March 12-13, 2009

Medical education in the U.S.— Is it supporting needed delivery system reforms?

ISSUE: Medical education will be a key component to transforming our delivery system from one that historically has focused on care for acute illness—at the expense of chronic condition management, coordination of care across settings, and disease prevention—to one that values patient-centered care, quality improvement, and efficient resource use.

KEY POINTS:

Since Medicare's inception, it has subsidized much of graduate medical education in the U.S. Currently, Medicare's subsidy is provided through both direct and indirect payments to teaching hospitals. In total, these payments account for about \$9 billion annually—an average of almost \$100,000 per Medicare-supported resident. Medical education encompasses a variety of professionals and topics. This meeting will focus on:

- Two specific topics:
 - Results from a MedPAC study conducted by RAND researchers on residency training in selected topics essential for delivery reform (e.g., care coordination); and
 - Current incentives against residency training in non-hospital settings (e.g., physician offices and nursing facilities)
- A discussion of medical education issues for future Commission work.
 - In addition to options for ensuring that medical education includes certain curricula and non-hospital experiences, this discussion could also include items such as, loan forgiveness policies for medical education and ways to increase diversity in medical education.

ACTION: Commissioners should discuss and respond to the issues above.

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